## Commonwealth of Pennsylvania WAIVER OF APPEARANCE Court of Common Pleas AT ARRAIGNMENT County of Lawrence 53<sup>rd</sup> Judicial District Commonwealth of Pennsylvania Defendant's current address: Docket No.\_\_\_\_\_ Arraignment Date:\_\_\_\_\_ I, the above-named Defendant, hereby acknowledge the following: 1. I am the defendant in the above-captioned case and I am represented by the Lawrence County Public Defender's Office. 2. I understand the nature of the charges contained in the information(s) filed against me. 3. I understand that I have a right to be represented by counsel. 4. I understand that I have a right to file motions, including a Request for Bill of Particulars, a Motion for Pretrial Discovery and Inspection, and an Omnibus Pretrial Motion, and the time limits within which the motions must be filed. 5. I waive my right to appear for arraignment. I hereby enter a plea of **Not Guilty** to any and all charges against me. Signature of Defendant Date I concur in the Defendant's waiver of his/her rights to appear at arraignment and acknowledge the Defendant's statements above.

Date

Lawrence County Public Defender's Office